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(Depositor's name)	 
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(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/002,242	10/23/2001	Timo Vesterinen	975.371USW1	3310

TITLE OF INVENTION: IP TELEPHONY GATEWAY - SOLUTION FOR TELECOM SWITCHES

APPLN, TYPE	SMALL ENTITY	ISSUE FE	E	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$1400		\$300	\$1700	05/30/2006		
EXAMINER		ART UNIT		CLASS-SUBCLASS	]			
NGUYEN, HANH N		2668		370-352000	•			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  Nokia Corporation  2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Espoo, Finland								
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a. Applicant claims S	s (from status indicated above SMALL ENTITY status. See ) is requested to apply the Issu Publication Fee (if required) very produced the Injury States Pro-	37 CFR 1.27.		cant is no longer claiming SMA ny) or to re-apply any previous e other than the applicant; a reg				

Date 65/23/20562 RRF2006 00000192 10002242 Authorized Signature \_\_\_ Registration Nd 50151,091 David E. Brown 1400.00 OP Typed or printed name

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